

TRANSMITTAL LETTER

TO:	QUALIFICATION/TAX LIEN	SECTION
	DIVISION OF CORPORATION)NS

SUBJECT: Answer USA, of reorgia

98 AUG -4 PM 2: 55
SELVE VANCE F. FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)

Ostom Ommunica Tons

(Firm/Company)

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AJ 8/4/98

2443 First S

(Address)

Or Myers 7 390

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

at (94/) 332 - 1000.

(Name of Person)

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	(State or country) under the law of which it is incorporated) 3. 58 - 234 - 407 / (FEI number, if applicable)
4.	8-27-97 5. Perpetual
6.	
7.	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
	2443 First Street FT Myers FL 33901 2 1
8.	Telephone (Current mailing address) Tolephone Service (OF 1)
ο.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida);
9.	Name and street address of Florida registered agent:
	Name: (Ichard Witziga
	Office Address: 242 Le Courèle Cirèle
	Tallahassee , Florida, 32303 (Zip Code)
	(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's agnature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Names and addresses of officers and/or directors:(Street address ONLY- P. O. Box NOT acceptable) 12. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: Vice Chairman: _____ Address: __ Director: Address: ____ Director: Address: B.OFFICERS(Street address only- P. O. Box NOT acceptable) President: _ \(\) Address: 146 Vice President: __ Address: _ Secretary: W. Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ignature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 982150530

CONTROL NUMBER : 9730134

DATE INC/AUTH/FILED: 08/27/1997

JURISDICTION : GEORGIA

PRINT DATE : 08/03/1998

FORM NUMBER : 211

SHENITA WILLIAMS
P O BOX 78214 ATLANTA, GA 30357



CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ANSWER USA OF GEORGIA, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date — Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Jenis a. Massey

Lewis A. Massey Secretary of State